

1. MATERIEL INSPECTION AND RECEIVING REPORT (DOMESTIC)		2. FLOW CHART OR PROCEDURE NO.		3. SHEET NO.		4. NO. OF SHEETS	
5. OFFICE ADMINISTERING CONTRACT		6. INSPECTION OFFICE		7. CREDIT VOUCHER OR FILE NO.			
8. AGENCY PLACING ORDER ON SUPPLIER—CITY—STATE Hqs. SAC 544th R.T.S.				9. PRIME CONTRACT OR P. O. NO. HT-GJ-2219			
10. NAME OF PRIME CONTRACTOR—CITY—STATE Eastman Kodak Company, Rochester, New York				11. SUPPLEMENTS AND CHANGE ORDERS			
12. MANUFACTURER OR WAREHOUSE SHIPPED FROM—CITY—STATE Eastman Kodak Company, Rochester, New York				13. ORDER NO. ON SUPPLIER HT-GJ-2219			
14. SHIPPED TO—MARK FOR 				15. PROC. DIR. OR REQUISITION NO.			
STATOTHR				16. SHIPMENT ORDER NO.			
				17. SHIPMENT NUMBER ON CONTRACT A. PARTIAL B. FINAL 60 XN 06			
				18. GROSS WEIGHT		19. NET WEIGHT	
(Associate Office when different)							
20. DATE SHIPPED 22 Jan. 1960		21. SEAL NUMBERS		22. D/L OR REGISTRATION NO. 73675		23. CAR NO.	
24. ROUTING Interstate and Watson							
CONTRACT ITEM NUMBER 21		STOCK AND/OR PART NUMBER AND DESCRIPTION OF ARTICLES (Indicate no. of shipping containers—Type of container—Container no.) 26			UNIT OF MEAS. 27	QUANTITY SHIPPED 28	QUANTITY RECEIVED 29
						UNIT COST 30	TOTAL COST 31
		70mm Continuous Contact Printer, Converted to Model FK-470. Serial Nos. 417 & 418 2 boxes 1 of 3 and 2 of 3 520 lbs. 36 cube			2		
		Re-usable spare parts replaced in modification. 1 box 3 of 3 130 lbs. 6 cube			1		
		Please sign and return 3 copies To: 					
		STATOTHR					
32. APPROPRIATION				C. ARTICLES SHOWN IN COLUMN 29 WERE RECEIVED IN APPARENT GOOD CONDITION, EXCEPT AS NOTED			
33. INVOICE ROUTING				DATE: _____ INCHECKER: _____			
				34. CLASS—CODE		35. ACCOUNT NO.—STORES ACCOUNT	
				36. DEBIT VOUCHER OR I. R. NO.			
A. I CERTIFY THAT THE ITEMS LISTED HEREIN HAVE BEEN INSPECTED BY ME OR UNDER MY SUPERVISION. THEY CONFORM TO CONTRACT, AND HAVE BEEN ACCEPTED, EXCEPT AS NOTED.				B. I CERTIFY THAT I HAVE RECEIVED AND/OR ACCEPTED THE ARTICLES SHOWN HEREIN (For use on Contract No. _____) EXCEPT AS NOTED.			
DATE		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		DATE			
(Typed name of Inspector)							